

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033121

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 2425

STATE FILE NUMBER

FILED SEP 11 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis	a. STATE	Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only)	Lemay	b. COUNTY	
Length of stay in 1b	5 Months	c. CITY OR TOWN	St. Louis
c. FULL NAME OF (If NOT in hospital, give location)	Mt. St. Rose Hospital	d. STREET ADDRESS (If outside, give location)	6212 Nottingham Ave.
Inside Limits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
OTTO	JOSEPH	DEIDESHEIMER	Aug. 17 1962
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		6-8-1882
9. AGE (last birthday)		10. IF UNDER 1 YEAR IF UNDER 24 HR	
80		Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman-Ice Sherman R.E.Co. St. Louis, Mo.

10b. KIND OF BUSINESS OR INDUSTRY U.S.A.

11. BIRTHPLACE (City and state or country) U.S.A.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Louis Deidesheimer	Unknown Veith	Bertha C. Deidesheimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	7 Bertha C. Deidesheimer-Nottingham

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>GENERALIZED Cerebrovascular Occlusive Disease</u>		3+ Yrs
DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
DUE TO (c) <u>2</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
<u>CHRONIC PYELONEPHRITIS</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>MARCH 19, 1962</u> to <u>AUGUST 17, 1962</u> and last saw her/him alive on <u>AUGUST 17, 1962</u>
Death occurred at <u>7:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>R. William Burmester M.D.</u>	<u>1515 Lafayette St.</u>	<u>8/20/62</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
<u>Entombment</u>	<u>Aug. 21, 1962</u>	<u>Oak Grove Mausoleum</u>	<u>St. Louis Co. Mo.</u>

24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Kriegshauser 4228 S. Kingshighway</u>	<u>8-20-62</u>	<u>John E. Murphy M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.